

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

America Innovates

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7255.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2000.00"/>	<input type="text" value="17231.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="9255.46"/>	<input type="text" value="17231.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2732.68"/>	<input type="text" value="10708.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6522.78"/>	<input type="text" value="6522.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="3204.50"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

America Innovates

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	7300.00
(ii) Unitemized	0.00	2931.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	10231.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	10231.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2000.00	7000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2000.00	17231.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2000.00	17231.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1232.68	9208.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1232.68	9208.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2732.68	10708.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2732.68	10708.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	10231.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	10231.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1232.68	9208.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1232.68	9208.22

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
America Innovates

Full Name (Last, First, Middle Initial)
A. Candace Yu

Mailing Address 945 Taraval, #815

City State Zip Code
San Francisco CA 94116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Google Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : INCA128

Amount of Each Receipt this Period
2000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
America Innovates

Full Name (Last, First, Middle Initial)

A. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement
Reporting Services

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : EXPB106

Amount of Each Disbursement this Period

421.23

Full Name (Last, First, Middle Initial)

B. Deane & Company

Mailing Address 1787 Tribute Road, Suite K

City Sacramento State CA Zip Code 95815

Purpose of Disbursement
Reporting Services - Non-Contribution Account

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : EXPB107

Amount of Each Disbursement this Period

421.23

Full Name (Last, First, Middle Initial)

C. In and Out Printing A Marketing Solutions Company

Mailing Address 14628 Wicks Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Business Cards

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : EXPB109

Amount of Each Disbursement this Period

135.11

SUBTOTAL of Disbursements This Page (optional)..... ▶

977.57

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
America Innovates

Full Name (Last, First, Middle Initial)

A. In and Out Printing A Marketing Solutions Company

Mailing Address 14628 Wicks Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Business Cards - Non-Contribution Account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB150

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Remcho, Johansen & Purcell, LLP

Mailing Address 201 Dolores Avenue

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Legal Service - Non-Contribution Account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB104

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Remcho, Johansen & Purcell, LLP

Mailing Address 201 Dolores Avenue

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Legal Service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB101

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
America Innovates

Full Name (Last, First, Middle Initial)

A. Gagnier for Congress 2014

Mailing Address 4959 Palo Verde Street, Suite 204A

City Montclair State CA Zip Code 91763

Purpose of Disbursement Contribution

011

Candidate Name

Christina Gagnier

Category/Type

Office Sought: House Senate President
State: CA District: 35

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : EXPB153

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Moulton For Congress Committee

Mailing Address P. O. Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement Contribution

011

Candidate Name

Seth Moulton

Category/Type

Office Sought: House Senate President
State: ME District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : EXPB154

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Mailing Address 412 First Street South East

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Scott Peters

Category/Type

Office Sought: House Senate President
State: CA District: 52

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : EXPB152

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

1500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
America Innovates

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Service Center	Nature of Debt (Purpose): Merchant Fee - Non-Contribution Account
Mailing Address P.O. Box 569100	
City State Zip Code Dallas TX 75356	

Outstanding Balance Beginning This Period <input type="text" value="19.00"/>	Transaction ID : PAYD158	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Service Center	Nature of Debt (Purpose): Merchant Fee
Mailing Address P.O. Box 569100	
City State Zip Code Dallas TX 75356	

Outstanding Balance Beginning This Period <input type="text" value="19.00"/>	Transaction ID : PAYD159	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Service Center	Nature of Debt (Purpose): Fundraising Event Expenses - Non-Contribution Account
Mailing Address P.O. Box 569100	
City State Zip Code Dallas TX 75356	

Outstanding Balance Beginning This Period <input type="text" value="1355.75"/>	Transaction ID : PAYD160	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1355.75"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1393.75"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
America Innovates

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Card Service Center	Nature of Debt (Purpose): Fundraising Event Expenses
Mailing Address P.O. Box 569100	
City State Zip Code Dallas TX 75356	

Outstanding Balance Beginning This Period <input type="text" value="1355.75"/>	Transaction ID : PAYD161	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1355.75"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Finan	Nature of Debt (Purpose): Logo Design
Mailing Address 426 Waverley Street, Apt. 2	
City State Zip Code Palo Alto CA 94301	

Outstanding Balance Beginning This Period <input type="text" value="227.50"/>	Transaction ID : PAYD27	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="227.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Finan	Nature of Debt (Purpose): Logo Design - Non-Contribution Account
Mailing Address 426 Waverley Street, Apt. 2	
City State Zip Code Palo Alto CA 94301	

Outstanding Balance Beginning This Period <input type="text" value="227.50"/>	Transaction ID : PAYD148	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="227.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1810.75"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
America Innovates

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor In and Out Printing A Marketing Solutions Company	Nature of Debt (Purpose): Business Cards
Mailing Address 14628 Wicks Blvd.	
City State Zip Code San Leandro CA 94577	

Outstanding Balance Beginning This Period <input type="text" value="135.11"/>	Transaction ID : PAYD108	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="135.11"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor In and Out Printing A Marketing Solutions Company	Nature of Debt (Purpose): Business Cards - Non-Contribution Account
Mailing Address 14628 Wicks Blvd.	
City State Zip Code San Leandro CA 94577	

Outstanding Balance Beginning This Period <input type="text" value="135.11"/>	Transaction ID : PAYD149	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="135.11"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Remcho, Johansen & Purcell, LLP	Nature of Debt (Purpose): Legal Service
Mailing Address 201 Dolores Avenue	
City State Zip Code San Leandro CA 94577	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID : PAYD100	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="60.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
America Innovates

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Remcho, Johansen & Purcell, LLP	Nature of Debt (Purpose): Legal Service - Non-Contribution Account
Mailing Address 201 Dolores Avenue	
City State Zip Code San Leandro CA 94577	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID : PAYD103	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="60.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="3204.50"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="3204.50"/>